



Application for Change/Transfer of Water Right

For Ecology Use
(Date Stamp)

RECEIVED

FEB 18 2014

Department of Ecology
Eastern Regional Office

For filing with the Department of Ecology or with County Conservancy Boards

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION
IF FILED WITH THE DEPARTMENT OF ECOLOGY

(Check all that apply.)

- ☐ Change purpose(s) of use
☐ Add purpose(s) of use
☐ Change point(s) of diversion/withdrawal
☒ Add point(s) of diversion/withdrawal
☐ Change/transfer place of use
☐ Other (i.e. consolidation, intertie, trust water)

Explain: _____

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL
SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED 2-18-2014
CHECK NO. 31450 FEE \$ 350.00
DATE ACCEPTED 3-5-2014 BY KR
CHANGE NO. CG3-00949C@1
COUNTY Spokane WRIA 55
SPECIAL AREA IRPP
SEPA: ☐ EXEMPT ☐ NOT EXEMPT
ECY CODING: 001-002-WR10285-000011
APP NO. 10805 PERMIT NO. 9996
CERT NO. CG3-00949C CERT OF CHG NO. _____

1500
9pm
3166.67

☐ I have participated in a pre-application conference with Ecology.

1. Applicant Information

APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
Spokane County Water District No. 3	509-536-0121	509-534-3760
ADDRESS		
1225 N. Yardley Street		
CITY	STATE	ZIP CODE
Spokane	Washington	99212-7001
EMAIL ADDRESS (IF AVAILABLE)		
Scwd3@comcast.net		

CONTACT (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER	RECORDED NAME(S)
G3-00949C	Spokane County Water District No. 3 (SCWD3)
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: _____	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established.
Also, if you have a water system plan or conservation plan, please include a copy with your application.

3. Point(s) of Diversion/Withdrawal: Add new point of withdrawal to consolidated water right

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Guy/Freya Well	3-4	NW	SE	10	26N	43E	36104.0201	
Dakota Well	3-5	NW	NE	8	26N	43E	36081.0102	
Freya/Farwell Well	3-6	SE	SW	3	26N	43E	36033.0148	
Cherry/Farwell Well	3-7	SW	SW	3	26N	43E	36033.0190	
Guy/Freya Well	3-13	NW	SE	10	26N	43E	36104.0204	
Helena Well	3-14	NW	NW	9	26N	43E	36092.0703	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Guy/Freya Well	3-4	NW	SE	10	26N	43E	36104.0201	
Dakota Well	3-5	NW	NE	8	26N	43E	36081.0102	
Freya/Farwell Well	3-6	SE	SW	3	26N	43E	36033.0148	
Cherry/Farwell Well	3-7	SW	SW	3	26N	43E	36033.0190	
Guy/Freya Well	3-13	NW	SE	10	26N	43E	36104.0204	
Helena Well	3-14	NW	NW	9	26N	43E	36092.0703	
Hawthorne Well	3-15	SE	NW	16	26N	43E	36165.9012	ACH-984

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?
EXISTING: X YES ☐ NO PROPOSED: X YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use: NO CHANGE

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

5. Place of Use: NO CHANGE

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input type="checkbox"/> YES <input type="checkbox"/> NO							
IF NO, PROVIDE OWNER(S) NAME: _____							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input type="checkbox"/> YES <input type="checkbox"/> NO							
IF NO, PROVIDE OWNER(S) NAME: _____							

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?	
X YES <input type="checkbox"/> NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): G3-23578C, 29-A, 3256-A, 3779-A, 6086-A, & G3-26510C	

6. Remarks and Other Relevant Information:

Guy/Freya Well (3-4) 500 feet south and 320 feet east of the center of Section 10
Dakota Well (3-5) 190 feet south and 220 feet east of the NW¼ corner of Section 8
Freya/Farwell Well (3-6) 560 feet north and 115 feet west of the S¼ corner of Section 3
Cherry/Farwell Well (3-7) 75 feet north and 240 feet east of the SW corner of Section 3
Guy/Freya Well (3-13) 400 feet south and 310 feet east of the center of Section 10
Helena Well (3-14) 450 feet south and 475 feet east of the NW corner of Section 9
Hawthorne Well (3-15) 845 feet north and 375 feet west of the center of Section 16
IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request. For further information, contact: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Phone (360) 570-3265.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I hereby grant staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.

Ty Wick – General Manager <i>Applicant Printed Name – Title</i>	 <i>Applicant Signature</i>	<u>17</u> 02/24/2014 <i>(Date)</i>
Spokane County Water District No. 3 <i>Water Right Holder Printed Name</i>	 <i>Water Right Holder Signature</i>	 / / <i>(Date)</i>
 <i>Land Owner of Existing Place of Use Printed Name</i>	 <i>Land Owner of Existing Place of Use Signature</i>	 / / <i>(Date)</i>
 <i>Land Owner of Proposed Place of Use Printed Name</i>	 <i>Land Owner of Proposed Place of Use Signature</i>	 / / <i>(Date)</i>

Please check the region in which the project is located:

*Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input checked="" type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 – 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- ☐ APPLICATION FEE NOT ENCLOSED
- ☐ MAP NOT INCLUDED or INCOMPLETE
- ☐ ADDITIONAL SIGNATURES REQUIRED
- ☐ SECTION _____ IS INCOMPLETE
- ☐ OTHER/EXPLANATION: _____

STAFF: _____ DATE: ____/____/____